TECHNICAL REPORT OF U.S. ARMY GROUND ACCIDENT

For use of this form, see DA Pamphlet 385-40; the proponent agency is OCSA.

FOR USACRC USE ONLY

REQUIREMENTS CONTROL SYMBOL
CSOCS-308

SECTION A - ACCIDENT INFORMATION

1. CHECK ONE
☐ a. ORIGINAL
☐ b. CHANGE

2. UIC *(Unit Identification Code) (6-Digit Code of Unit Having Accident)*

3a. UNIT NAME AND MILITARY ADDRESS *(Accountable Unit)*

3b. BRANCH *(Armor, Infantry, etc.)*

4. DATE OF ACCIDENT
a. YEAR | b. MONTH | c. DAY

5. TIME OF ACCIDENT *(Local Military Time)*

6. PERIOD OF DAY *(Check one)*
☐ a. Dawn ☐ b. Day
☐ c. Dusk ☐ d. Night

7. ACCIDENT OCCURRED *(Check one)*
☐ a. On Post
☐ b. Off Post

8. IF ON POST, NAME OF INSTALLATION/FACILITY

9. ACCIDENT OCCURRED DURING *(Check one)*
☐ a. Combat
☐ b. Non-Combat

10. WERE EXPLOSIVES OR AMMUNITION INVOLVED *(Causal or Contributing Role)*
☐ Yes *(See DA PAM 385-40)*
☐ No

11a. EXACT LOCATION OF ACCIDENT *(Detailed enough to locate site)*

11b. TYPE OF LOCATION

11c. GRID COORDINATES OR LAT/LONG

SECTION B - PERSONNEL INFORMATION

12. NAME *(Last, First, MI)*

13. SOCIAL SECURITY NUMBER *(SSN)*

14. DOB *(YYYYMMDD)*

15. GENDER *(Check)*
☐ a. Male
☐ b. Female

16. RANK OR GRADE

17. MOS OR JOB SERIES

18a. ADDRESS *(Use Official Address for All Military or Government Personnel) (If different than Block 3, add UIC.)*

18b. For injured Army Civilians or Contractors, enter home address

19a. DUTY STATUS AT TIME OF ACCIDENT *(Check one)*
☐ On Duty
☐ Off Duty

19b. IF OFF DUTY *(if on leave/pass)*
☐ Leave ☐ Pass
Date From:
Date To:

20. FLIGHT STATUS *(Check one)* ☐ a. Yes ☐ b. No

21a. TIME BEGAN WORK:

21b. CONTINUOUS WORK w/o SLEEP:

22. HRS. SLEEP IN LAST 24:

23. DAYS LOST/RESTRICTED *(not counting day of injury)*
a. Hospitalized: Days
b. Not Hospitalized: Days
c. Restricted Activity: Days

24. TREATED IN EMERGENCY ROOM
☐ a. Yes
☐ b. No

25a. OSHA 300 Log Case Number:

25b. Name of Physician/Health Care Provider:

25c. If treatment was given away from worksite, where was it given?
Facility:
Street:
City: State:

26. SEVERITY OF ILLNESS/INJURY *(Check most severe)*

☐ a. **Fatal** *(Date of Death _____)*
☐ b. **Permanent Total Disability.** Person can never again do gainful work.
☐ c. **Permanent Partial Disability.** Person loses or can never again use a body part
☐ d. **Days Away from Work.** Person misses one or more workdays; bed rest/on quarters.
☐ e. **Restricted Work Activity.** Person is temporarily unable to perform regular duties; job transfer/light duty/profile.
☐ f. **Medical Treatment Beyond First Aid.** Loss of consciousness, needle stick, etc.
☐ g. **First Aid Only.** Person has one-time treatment of minor injury. *(No lost work days.)*
☐ h. **No Injury.**

27. CLASSIFICATION AT TIME OF ACCIDENT *(Check)*

☐ a. Active Army
☐ b. Army Civilian
☐ c. Army Contractor
☐ d. Army Direct Contractor
☐ e. Nonappropriated Fund *(NAF)*
☐ f. Other U.S. Military
☐ g. ROTC
☐ h. Dependent
☐ i. NGB Tech
☐ j. NGB IDT
☐ k. NGB AT
☐ l. NGB ADSW
☐ m. NGB AGR
☐ n. NGB ADT
☐ o. NG Activated
☐ p. USAR IDT
☐ q. USAR AT
☐ r. USAR ADT
☐ s. USAR FTM
☐ t. USAR AGR
☐ u. USAR Activated
☐ v. Foreign Nat. Direct Hire
☐ w. Foreign Nat. Indirect Hire
☐ x. Foreign Nat. KATUSA
☐ y. Foreign Mil. Attached to the U.S. Army
☐ z. Public
☐ aa. Not reported

28. CAUSE OF INJURY/OCCUPATIONAL ILLNESS *(Number in order of severity) (No more than 3)*

a. Struck Against
b. Struck By
c. Fell from Elevation
d. Fell from Same Level
e. Caught In/ Under/ Between
f. Rubbed/Abraded
g. Bodily Reaction
h. Overexertion
i. Exposure
j. External Contact
k. Ingested
l. Inhaled

29. BODY PART *(S)* AFFECTED *(Number in order of severity) (No more than 3)*

a. Body *(General)*
b. Head
c. Forehead
d. Eyes
e. Nose
f. Jaw
g. Neck
h. Trunk
i. Chest
j. Heart
k. Back
l. Shoulder
m. Arm
n. Wrist
o. Hand
p. Fingers
q. Leg
r. Knee
s. Ankle
t. Foot
u. Toes
v. Other *(Specify)*

30. TYPE OF INJURY/ILLNESS *(Number to Correspond with Block 29)*

a. Burns *(Chemical)*
b. Burns *(Thermal)*
c. Amputation
d. Decompression Sickness
e. Asphyxiation *(Suffocation)*
f. Fractures
g. Dislocation
h. Abrasions
i. Concussion
j. Sprain/Strain
k. Cuts/Lacerations
l. Contusion
m. Puncture Wound
n. Hernia, Rupture
o. Frostbite
p. Heat Stroke
q. Heat Exhaustion
r. Noise Injury/Illness
s. Needle Stick or Sharp
t. Loss of Consciousness
u. Other *(Specify)*

SECTION B - PERSONNEL INFORMATION *(Continued)*

31. Person's action(s) at time of accident *(Check one and explain in Block 32.)*

☐	a. Soldiering	☐	i. Patient Care *(People/Animals)*	☐	q. Handling Animal	☐	y. Counseling/Advisory
☐	b. Combat Soldiering	☐	j. Test/Study/Experiments	☐	r. Maintenance/Repair/Servicing	☐	z. Sports
☐	c. Physical Training	☐	k. Educational	☐	s. Fabricating	☐	aa. Hobbies
☐	d. Weapons Firing/Handling	☐	l. Information and Arts	☐	t. Handling Material/Passengers	☐	bb. Passenger
☐	e. Engineering or Construction	☐	m. Food and Drug Inspection	☐	u. Janitorial/Housekeeping/ Grounds Keeping	☐	cc. Human movement
☐	f. Communications	☐	n. Laundry/Dry Cleaning Services	☐	v. Food/Drink Preparations	☐	dd. Horseplay
☐	g. Security/Law Enforcement	☐	o. Pest/Plant Control	☐	w. Supervisory	☐	ee. Bystanding/spectating
☐	h. Fire Fighting	☐	p. Operating Vehicle or Vessel	☐	x. Office	☐	ff. Personal Hygiene/Food/Drink Consumption/Sleeping

☐ gg. Parachuting *(See Instructions DA Pamphlet 385-40)*

(1) Jumper Height	(7) Wind Direction/Speed At	(15) Date graduated basic airborne training *(YYYYMMDD)*
(2) Jumper Weight	Jump Height Drop Zone	
(3) Type of Jump	(8) Jump Altitude	(16) Type of Aircraft
(4) Parachute Type/Model	(9) Position in Stick	
(5) Equipment	(10) Door Exited	(17) Accident factors (parachute): *(Explain as necessary)*
	(11) Time pre-jump conducted	
	(12) Date of Last Jump	
	(13) Type of Last Jump	
(6) Wt. of Equipment	(14) Number of previous jumps	

32. SPECIFIC DESCRIPTION OF ACTIVITY/TASK

33. ON FIELD EXERCISE/NAMED OPERATION

☐ a. Yes *(If YES, specify name of exercise/operation.)*

☐ b. No

34. ACTIVITY PART OF TACTICAL TRAINING?

☐ a. Yes

☐ b. No

35. Type of training facility being used *(Check one)*

☐	a. Garrison	☐	d. NTC	☐	g. Std. range facility/live fire
☐	b. Local training area	☐	e. JRTC	☐	h. Other *(Specify)*:
☐	c. Major training area	☐	f. CMTC		

36. Type of training participating in at the time of accident *(Check/specify)*

☐ a. School *(Specify):*

☐ b. UNIT → ☐ (1) Platoon ☐ (2) Crew ☐ (3) Individual

☐ c. On-the-job training

☐ d. Other *(Specify)*:

37. Last time individual received training prior to accident on activity specified in Block 31? *(Check one)*

☐	a. 0 - 3 months	☐	e. 1 - 2 years
☐	b. 3 - 6 months	☐	f. More than 2 years
☐	c. 6 - 9 months	☐	g. Never
☐	d. 9 - 12 months	☐	h. Not applicable

38. REQUIRED PROTECTIVE EQUIPMENT	AVAILABLE?		USED?		N/A
CHECK APPROPRIATE BLOCK(S)	YES	NO	YES	NO	
☐ a. Seat belt	☐	☐	☐	☐	☐
☐ b. Restraint System	☐	☐	☐	☐	☐
☐ c. Goggles/Glasses/Visor	☐	☐	☐	☐	☐
☐ d. Gloves	☐	☐	☐	☐	☐
☐ e. Ear plugs	☐	☐	☐	☐	☐
☐ f. IBA	☐	☐	☐	☐	☐
☐ g. Other *(Specify):*	☐	☐	☐	☐	☐
☐ h. Helmet	☐	☐	☐	☐	☐
DOT Approved (If Motorcycle)? Yes ☐ No ☐					

39a. INDIVIDUAL LICENSED TO OPERATE VEHICLE/EQUIPMENT?	39b. MANDATORY 4 hr TRAFFIC SAFETY TRAINING	39c. MSF CERTIFIED
☐ a. Yes	☐ a. Yes	☐ a. Yes
☐ b. No	☐ b. No	☐ b. No
☐ c. N/A	If Yes, Date _____	If Yes, Date _____

40. DID ALCOHOL USE BY THIS INDIVIDUAL CAUSE/CONTRIBUTE TO THIS ACCIDENT? *(Check one)*

☐ a. Yes BAC %: _____ ☐ b. No ☐ c. Unknown

SECTION B - PERSONNEL INFORMATION *(Continued)*

41. If drug use by this individual caused/contributed to this accident, check appropriate block.

☐ a. Prescription ☐ b. Illegal ☐ c. Over-the-counter ☐ d. Supplements ☐ e. None

42. Were vision enhancement devices being used? *(Check appropriate block.)*

☐ a. Yes *(Specify type/model in c and d.)*	☐ b. No	c. TYPE:	d. MODEL:

43. Standard/Reference covering activity/task

☐	a. Soldier's Manual *(Task No.)*	☐	e. Federal/State Law
☐	b. CTT *(Task No.)*	☐	f. Other *(Specify):*
☐	c. AR/TM/FM *(Specify)*	☐	g. None *(Go to Block 45.)*
☐	d. SOP		

44. WAS ACTIVITY/TASK PERFORMED IAW STANDARD/REFERENCE? *(Check one)*

☐ a. Yes ☐ b. No *(If NO, complete blocks 45-47.)*

45. DID INDIVIDUAL MAKE A MISTAKE? *(Check one)*

☐ a. Yes *(If YES, complete blocks 46-47.)* ☐ b. No

46. What was the mistake? How was the activity/task performed incorrectly? *(Explain below.)*

47. Why was mistake made/activity performed incorrectly? *(Check all that apply.)*

☐	a. Inadequate school training *(content/amount)*	☐	g. Poor/bad attitude/indiscipline	☐	m. Inadequate written procedures *(AR, TM, SOP)*
☐	b. Inadequate unit training *(content/amount)*	☐	h. Lack of rest/sleep	☐	n. Improper supervision
☐	c. Inadequate on-the-job training	☐	i. Effects of alcohol/drugs/illness	☐	o. Other *(Specify in narrative)*
☐	d. Fear/excitement/anger	☐	j. Inadequate facilities		
☐	e. Overconfident in own/others abilities/complacent	☐	k. Inadequate services		
☐	f. In a hurry	☐	l. Improper equipment design		

48. Time licensed on this vehicle *(Check one)*

☐ a. Less than one year
☐ b. One to two years
☐ c. Over two years
☐ d. Unlicensed

49. Total AMV driving mileage *(Check one)*

☐ a. Less than 1,000 miles
☐ b. 1,000 - 5,000 miles
☐ c. 5,000 - 10,000 miles
☐ d. Over 10,000 miles

50a. Total time in unit *(Check one)*

☐ Less than 6 months
☐ 6 months - 1 year
☐ Over one year

50b. Date Assigned/Hired *(YYYYMMDD)*

50c. Date of redeployment from combat zone, if applicable *(YYYYMMDD)*

51. WHICH ITEM FROM SECTION C APPLIES TO THE INDIVIDUAL NAMED IN BLOCK 12?
(This is needed in order to relate the person in Block 12 to the equipment/vehicle below.)

☐ Item A ☐ Item B ☐ Item C ☐ Other *(Specify)*

SECTION C - PROPERTY/MATERIEL INVOLVED *(Whether Damaged or Not)*

	ITEM A	ITEM B	ITEM C
52. Type of item			
53a. Model number			
b. Serial number			
54. Ownership *(DoD, DA, POV, Unit Person)*			
55. Dollar cost of damage.			
56. Rollover protection system installed?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
57. Was this item being towed?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
58. If towed, enter letter for item doing towing.			
59. Types of collision codes *(Pick up to three from list below and enter in blocks.) (In sequence)*			

Types of Collisions

1- Going forward and collided with moving vehicle
2- Going forward and collided with parked vehicle
3- Collision while backing
4- Collision with pedestrian
5- Collision with object (other than vehicle/pedestrian)
6- Overturned
7- Ran off the road
8- Jackknifed
9- Going forward and rear-ended moving vehicle
10- Going forward and rear-ended parked vehicle
11- Collision while turning
12- Other *(Specify)*

SECTION C - PROPERTY/MATERIEL INVOLVED ***(Whether Damaged or Not) (Continued)***

60. Component/Part that Failed/Malfunctioned *(Complete this section if a materiel failure/malfunction caused/contributed to the accident.)*

	ITEM A	ITEM B	ITEM C
a. National Stock Number			
b. Part Number			
c. Describe Part			
d. Manufacturer's Identification Code			
e. EIR/QDR Number			

61. How/Why Part Malfunctioned *(Select code from "How" list below and enter in first block; select code from "Why" list and enter in second block.)*	HOW	WHY	HOW	WHY	HOW	WHY

How Part Failed/Malfunctioned Codes:

1 - Overheated/burned/melted
2 - Froze *(temperature)*
3 - Obstructed/pinched/clogged
4 - Vibrated
5 - Rubbed/worn/frayed
6 - Corroded/rusted/pitted
7 - Overpressured/burst
8 - Pulled/stretched
9 - Twisted/torqued
10 - Compressed/hit/punctured
11 - Bent/warped
12 - Sheared/cut
13 - Decayed/decomposed
14 - Electric current action
15 - Unknown/Other
Blank - Not Reported

Why Part Failed/Malfunctioned Codes:

1 - Improper equipment design
2 - Inadequate maintenance
3 - Inadequate manufacture of equipment
4 - Inadequate written procedures *(AR, TM, SOP)*
5 - Improper supervision
6 - Unknown
7 - Other *(Specify in narrative)*

SECTION D - ENVIRONMENTAL CONDITIONS INVOLVED

62. Environmental Conditions. *(Check environmental conditions present and indicate if conditions caused/contributed to the accident.)*

PRESENT	CAUSED/ CONTRIBUTED	CONDITION	PRESENT	CAUSED/ CONTRIBUTED	CONDITION
☐	☐	a. Clear/dry; visibility unlimited	☐	☐	k. Wind gust/turbulence
☐	☐	b. Bright, glare	☐	☐	l. Vibrate, shimmy, sway, shake
☐	☐	c. Dark, dim	☐	☐	m. Radiation, laser, sunlight
☐	☐	d. Fog, condensation, frost	☐	☐	n. Holes, rocky, rough, rutted, uneven
☐	☐	e. Mist, rain, sleet, hail	☐	☐	o. Inclined/steep
☐	☐	f. Snow, ice	☐	☐	p. Slippery *(not due to precipitation)*
☐	☐	g. Dust, fumes, gasses, smoke, vapors	☐	☐	q. Air pressure *(bends, decompression, altitude, hypoxial)*
☐	☐	h. Noise, bang, static	☐	☐	r. Lightning, static electricity, ground
☐	☐	i. Temperature/humidity *(cold, heat)*	☐	☐	s. Other *(Specify)*
☐	☐	j. Storm, hurricane, tornado			

SECTION E - ACCIDENT DESCRIPTION/NARRATIVE *(From Blocks 10, 46, 47, 61 and 62)*

63. The investigation board will report, in narrative form on letter size paper, the facts, conditions, and circumstances as established during the investigation and present this information in accordance with DA PAM 385-40, paragraph 4-4.

64a. PRINTED/TYPED NAME OF PERSON COMPLETING THIS REPORT	64b. RANK	64c. TITLE

64d. SIGNATURE	64e. DATE OF SIGNATURE *(YYYYMMDD)*	64f. TELEPHONE NO.
		64g. EMAIL ADDRESS

SECTION F - CORRECTIVE ACTION AND COMMAND REVIEW

65. The investigation board will formulate the findings and recommendations on letter sized paper in accordance with the examples contained in DA PAM 385-40, paragraph 4-3.

66a. PRINTED/TYPED NAME OF COMMANDER		66b. RANK
66c. SIGNATURE	66d. DATE OF SIGNATURE *(YYYYMMDD)*	66e. TELEPHONE NO. 66f. EMAIL ADDRESS

	a. TYPED NAME/EMAIL ADDRESS	b. SIGNATURE	c. TITLE	d. RANK/DATE
67.				
68.				
69.				

SECTION G - SAFETY OFFICE USE ONLY

70. LOCAL REPORT NO.	71. ARMY HEADQUARTERS

72. ACCIDENT TYPE *(Check choice)*

☐	a. Army Motor Vehicle	☐	h. Other Army Vehicle	☐	o. Personal Injury - Other
☐	b. Army Combat Vehicle	☐	i. Fire	☐	p. Property Damage - Other
☐	c. Army Operated Vehicle	☐	j. Chemical Agent	☐	q. POV - On Official Business
☐	d. POV - Not on Official Business	☐	k. Explosive	☐	r. Space
☐	e. Marine Diving	☐	l. Missile	☐	s. Commercial Carrier/Transportation
☐	f. Marine Underway	☐	m. Radiation		
☐	g. Marine Not Underway	☐	n. Nuclear		

73. NAME OF SAFETY POINT OF CONTACT*(POC)*	74a. PHONE NO. OF SAFETY OFFICER POC *(DSN, Commercial, etc.)* 74b. EMAIL ADDRESS	75. DATE REPORT COMPLETED BY SAFETY OFFICER *(YYYYMMDD)*

SECTION H - EXPLOSIVES/AMMUNITION

76. EXPLOSIVE/AMMUNITION INFORMATION:	ITEM 1	ITEM 2	ITEM 3	ITEM 4
a. LOT #				
b. QUANTITY				
c. NET EXPLOSIVE WEIGHT (NEW)				
d. DoDIC/DoDAC				

77. SPECIAL INTEREST

78. SUPPLEMENTAL INFORMATION